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South African Medical Association (SAMA)

Death Verification Guidelines

Draft Version 5.0

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# 1. Introduction

This document intends to provide guidance on the process for verifying death by individuals with or without the prescribed clinical training.

# 2. Objective

Noting the absence of national guidelines for the verification of deaths, SAMA has produced a draft reference document designed to provide guidance about the conditions to verify death and to ensure:

* The quality of care provision to the deceased and bereaved by promoting a consistent approach to the verification of death.
* To reduce unnecessary burden on the health system.

# 3. Definitions

## 3.1. Death:

The irreversible cessation of cardiorespiratory function. According the National Health Act [61 of 2003] “death” means brain death.

It is important to note that there are three ways to confirm death – Somatic, Neurological and Circulatory. Definitions of death often are drown in semantics. Some guidelines also differentiate between irreversible and permanent and opt for both.

## 3.2. Verification of death:

Verification of death is establishing or confirming the fact that death has occurred. The purpose of verification of death is to establish whether a patient is actually deceased. In South Africa, there is no formal legal terminology that defines ‘verification of death’.

## 3.3. Notification of death:

In South Africa, civil registration, of which death registration is part, is the responsibility of the Department of Home Affairs. The Births and Deaths Registration Act (Act No. 51 of 1992) requires that all deaths be certified by a medical practitioner (registered with the Health Professions Council of South (HPCSA)) on the DHA-1663 (Notification of death/still-birth) form. In some situations, it is possible for somebody designated by the Department of Home Affairs e.g. a registered professional nurse (registered with the South African Nursing Council (SANC)) or a headman/chief/traditional leader to certify the event of death. A registered professional nurse may only certify the death of a stillborn. Whereas, if no doctor is available, a headman/chief/traditional leader may certify the event of a death, using the death report form, DHA-1680.

It is the responsibility of the medical practitioner or nurse (in the case of a still birth) to complete the required sections of the DHA-1663 form and to ensure that confidentiality is maintained. Other sections of the form are completed by the informant, the funeral undertaker, and the Department of Home Affairs officials.

It is the responsibility of the next of kin/informant/funeral undertaker to ensure that a death is registered with the Department of Home Affairs offices.

Once the notification of death has been accepted by the Department of Home Affairs, a burial order will be issued. No corpse can be buried without this order. The Department of Home Affairs allows registered funeral undertakers to issue burial orders (DHA-14) obtained from their nearest Home Affairs office, for transportation of the deceased.

**Note:** Where a medical practitioner is satisfied that the death of any person (who was attended before his death by the medical practitioner) was due to natural causes, he/she shall issue a prescribed certificate stating the cause of death. A medical practitioner who did not attend any person before his/her death but after the death of the person examined the corpse and is satisfied that the death was due to natural causes, may also issue a prescribed certificate to that effect. If a medical practitioner is of the opinion that the death was due to other than natural causes, he/she shall not issue a certificate and shall inform a police officer as to his opinion in that regard.

## 3.4. Expected death:

An expected death is the result of an acute or gradual deterioration in a patient’s health status, usually due to advanced progressive incurable disease. The death is anticipated, expected, and predicted. It is anticipated in these circumstances that advance care planning and the consideration of DNR (Do Not Resuscitate) will have taken place.

## 3.5. Sudden or unexpected death:

An unexpected death is not anticipated or related to a period of illness that has been identified as terminal.

# 4. Verification of Death: The need for guidance

Verification of death is a completely different process from notification of death. Many countries such as the United Kingdom and Australia have separate guidance for the two. In South Africa no such guidance exists for the verification of death; hence the purpose of this document.

For the purposes of this document, notification of death will be seen as the legal/ administrative recognition of death and verification of death will be seen as the clinical/medical recognition of death.

## 4.1. Who can or should be able ‘verify’ death?

As previously mentioned, there is no official guidance or law on who can ‘verify’ death in South Africa. It could be inferred that since there as there is no guidance on who can ‘verify ‘death, registered medical practitioners, health professionals or any person with the prescribed clinical training may or should be able to undertake this process.

Where registered medical practitioners / health professionals or any person with clinical training is unavailable immediately to verify that a person has died, there may be unnecessary delays in the movement of the deceased body to an appropriate location such as a mortuary.

Significant delays in securing such services are more common where a death occurs in a remote, rural, or isolated location or occurs during the night in a residential aged care facility. Such delays can cause distress to family members of the deceased and many infringe on cultural norms or cause indignity to the deceased. In addition, where a death occurs in a public place, ambulances (even though paramedics are clinically trained and should be allowed to verify death) or other individuals are known to transport the deceased body to the nearest hospital emergency department to request that a registered medical practitioner verify the fact of death. These incidents impact on bed availability and core service delivery of hospital staff and ambulance services.

**Note:** In cases where a body is at a crime scene, it is the duty of the Investigating Officer to secure the crime scene, and only if the assurance of the health professional is that the cessation of life has occurred – and it is not an unnatural death - may a body be removed. For example, in the case of motor accidents, anyone may call the police and a health professional, but the Investigating Officer will still be in charge of the accident scene and in deciding when the body may be removed to the nearest forensic pathology mortuary.

It has thus become apparent in South Africa that individuals with partial or no clinical training whatsoever may need to verify death, e.g. Police Officers, traditional healers, undertakers, individuals with CPR training etc. This could be especially true in remote areas where the closest medical practitioner, health professional or health facility is often miles away and verification of death needs to take place in order to move the body to a mortuary or for burial to take place.

## 5. Verification of death by registered medical practitioners / health professionals or any person with the prescribed clinical training

A registered medical practitioner / health care professional or any person with clinical training can usually verify death when:

* The body shows signs of rigor mortis (stiffening of the limbs of the corpse) incompatible with life, or
* The body has visible injuries incompatible with life, e.g. hemicorporectomy or decapitation or
* The body shows signs of decomposition incompatible with life. Health care professionals should be aware of that individuals have gangrenous linbs.

Alternatively, registered medical practitioners / health professionals or any person with the prescribed clinical training can verify death once they have undertaken following assessments:

(A minimum of 10 minutes apart) to establish death. The health practitioner should confirm the following:

* No signs of breathing for five minutes; breathing must be completely absent for entire duration;
* No palpable central pulse (femoral, carotid, or brachial). In most circumstances this will require palpation for at least one minute;
* No audible heart sounds;
* Pupils Fixed dilated and unreactive to light;
* No response to centralised stimulus (e.g. trapezius muscle squeeze, supraorbital pressure, mandibular pressure, or the common sternal rub). This method will not work for paraplegics – therefore it is an additional stimuli that can be tested, but the focus is on supraorbital, or mandibular stimuli and looking for response in the facial distribution;
* No motor (withdrawal) response or facial grimace in response to painful stimulus (e.g. pinching inner aspect of the elbow).
* Where available, a cardiac monitor or defibrillator is used and shows asystole.

After death has been verified, the normal process of death certification may take place. The body should be transported to the nearest forensic pathology services. However, the body may go to a hospital instead of forensic pathology services, as a doctor could fill in a death certificate that states natural causes and forensics are not required. E.g. a Hospice case who died at home from terminal cancer.

## 5.1. Unobvious signs

Additionally, there are ways an individual who has undergone the prescribed clinical training may also verify death. This may be done by establishing on at least two 10 minute intervals that there is:

* No palpable carotid pulse (neck pulse);
* No heart sounds heard for 2 minutes;
* No breath sounds heard for 2 minutes;
* No motor (withdrawal) response or facial grimace in response to painful stimulus (e.g. pinching);
* Fixed (non-responsive to light) and dilated pupils

## 6. Verification of death by individuals who are not health professionals

For the untrained eye, it may be difficult to verify death. There are, however, obvious signs of death an untrained person can look out for:

## 6.1. Obvious signs

* Decapitation (Separation of the head from the body). Unnatural death must be reported to the police.
* Decomposition (Rot) – incompatible with life
* Postmortem lividity (Blue body parts) – incompatible with life.
* Postmortem rigidity (Extremely stiff body) – incompatible with life.
* Charred and burned beyond recognition – incompatible with life.

After death has been verified, the normal process of death certification may take place. The body should transported to the nearest hospital, or forensic pathology mortuary in the case of an unnatural death.

In cases where the verification of death has taken places in remote/rural areas and the cause of death is not due to unnatural causes (murder, suicide, or accidents, including motor vehicle accidents), immediate burial may take place. This, however, must be granted and documented by the headman/ chief/ traditional leader.

## 7. Death Imitation

Many medical conditions can fake or mimic death, depending on who is making the assessment. Mostly anything that makes people faint, such as falls/accidents with head traumas, heart fibrillations, or even sleeping, can mimic death and cause despair to clinically untrained people.

Some conditions can fake death, even to health care professionals.

The main conditions that can mimic death are:

- Drug overdose;

- Drowning;

- Hypothermia;

- Hypoxia;

- Unconsciousness caused by noxious fumes;

- Catatonia (A behavioural syndrome marked by an inability to move normally which can mimic rigor mortis).

# 8. Documentation

It is essential that anyone, including individuals who are not health professionals document their verification of death to prevent fraudulent insurance or inheritance claims.

# 9. Death verification training of individuals who are not health professionals

As it is apparent in South Africa that individuals with partial or no clinical training whatsoever may need to verify death, e.g. Police Officers, traditional healers, undertakers, individuals with CPR training etc., death verification training should be provided to such individuals.

# 10. References

Brouhard P. 2019 5 Signs of Irreversible Death: When It's Obvious That Resuscitation Isn't Possible. Verywellhealth. https://www.verywellhealth.com/signs-of-death-1298439 (Accessed 03 June 2020)

Government of South Africa. 2014. Births And Deaths Registration Act 51 of 1992. <https://www.westerncape.gov.za/text/2015/April/1992_births_and_deaths_registration_act.pdf> (Accessed 01 June 2020)

New Zealand Minister of Health. 2015. Guidelines for Verifying Death. <https://www.health.govt.nz/system/files/documents/publications/guidelines-verifying-death-jul15-v2.pdf> (Accessed 05 June 2020)

Statistics South Africa. 2012. Cause of Death Certification: A guide for completing the Notice of Death/Stillbirth (DHA-1663). <https://www.samrc.ac.za/sites/default/files/files/2017-07-03/CODcertificationguideline.pdf> (Accessed 01 June 2020)

Victoria State Government. 2019. Guidance note for the verification of death. Health and Human Services. <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/verification-death> (Accessed 05 June 2020)